



8457 South Pulaski Road, Chicago, IL 60652

Credit Card Authorization Form

Please complete in full and fax to (773)-581-8192 or email back to maher@high-power.com Type of Card _____(Visa, MasterCard or Amex) Card holder's Name Card Number _____Sec Code_____ Expiration Date _____ Bill to Address of Card _____ Phone Number _____ Purchase Order Number Company Name Contact Name _____ Total Amount to be Charged: \$ _____ Special Instruction I here by authorize High Power, Inc. to charge my credit card the amount Specified above: Card holders Signature Date